

# North Dakota School Immunization Toolkit

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Updated 08/2016

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School Administrators and Nurses:

The following packet was put together by the North Dakota Department of Health (NDDoH) in order to make the school immunization compliance process easier. The packet contains:

- Template letters for parents,
- Immunization requirement information,
- Explanation of vaccine abbreviations,
- Frequently asked questions by schools,
- Information about the North Dakota Immunization Information System (NDIIS) or THOR, and
- Information regarding the yearly school immunization survey.

The school immunization survey is required by North Dakota state law and allows the health department to assess the vaccination and exemption rates of school-aged children. The school immunization survey is due mid-November every year.

State law and century code regarding school immunizations can be viewed on the North Dakota State website at <http://www.legis.nd.gov/information/acdata/pdf/33-06-05.pdf> and <http://www.legis.nd.gov/cencode/t23c07.pdf>.

Additional resources can be found at the [NDDoH Immunization Program Website](#). Please feel free to contact the NDDoH Immunization program to suggest other resources that would make the immunization compliance process easier for your school.

Thank you,

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Disease Control  
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## 2016-2017 School Immunization Requirements

Vaccine	Kindergarten through 6 <sup>th</sup> grade	7 <sup>th</sup> Grade through 12 <sup>th</sup> grade
<b>DTaP</b>	5 doses	5 doses
<b>DTaP:</b> One dose of DTaP must be given on or after the child's fourth birthday for the child to be up to date. If the child received their fourth dose on or after their fourth birthday, only 4 doses are needed to be up to date. A child 7 years or older who has never been vaccinated with DTaP may receive 1 dose of Tdap followed by two doses of Td to be considered up-to-date.		
<b>Polio</b>	4 doses	4 doses
<b>Polio:</b> One dose of IPV must be given on or after the fourth birthday for the child to be up-to-date. If the child received their third dose on or after their fourth birthday, only three doses are needed.		
<b>MMR</b>	2 doses	2 doses
<b>Hepatitis B</b>	3 doses	3 doses
<b>Varicella (chickenpox)</b>	2 doses	2 doses (7-8 <sup>th</sup> grade) 1 dose (9-12 <sup>th</sup> grade)
<b>Varicella:</b> All students in kindergarten through eighth grade are required to receive two doses of varicella vaccine. Students in grades nine through twelve only need one dose of varicella vaccine. If a child has a history of chickenpox disease confirmed by laboratory evidence or a provider diagnosis, the child does not need to receive the varicella vaccine.		
<b>Tdap</b>	0 doses	1 dose
<b>Tdap:</b> One dose of Tdap must be given on or after the seventh birthday.		
<b>Meningococcal</b>	0 doses	1 dose
<b>Meningococcal:</b> One dose of meningococcal conjugate vaccine (MCV4) must be given on or after the tenth birthday.		

## Vaccine Abbreviations

Vaccine abbreviations relevant to school immunization requirements:	
Diphtheria & Tetanus &/or Pertussis	
<b>DTaP</b>	Diphtheria, tetanus, and acellular pertussis vaccine, pediatric formulation (<7 years). <b><u>Five doses required for kindergarten through twelfth grade.</u></b>
<b>Tdap</b>	Tetanus, diphtheria & acellular pertussis vaccine, adult/adolescent formulation (≥7 years). <b><u>One dose required for seventh grade.</u></b>
<b>DPT</b>	Contains diphtheria, tetanus, and pertussis. Replaced by use of DTP. <b>No longer offered in United States. Students may have doses of DPT in place of DTaP.</b>
<b>DTP</b>	Contains diphtheria, tetanus and pertussis. Replaced by DTaP. <b>No longer offered in the United States. Students may have doses of DTP in place of DTaP.</b>
<b>Td</b>	Tetanus & diphtheria vaccine, adult/adolescent formulation (≥7 years)
<b>DT</b>	Diphtheria & tetanus vaccine, pediatric formulation (<7 years)
<b>TT</b>	Tetanus Toxoid
<p><b>Five doses of DTaP are required for students in kindergarten through twelfth grade.</b> One dose of DTaP must be given on or after the child's fourth birthday, otherwise the child is not up to date. If the child received their fourth dose on or after their fourth birthday, only four doses are needed to be up to date. A child seven years or older who has never been vaccinated with DTaP may receive one dose of Tdap followed by two doses of Td to be considered up-to-date. <b>One dose of Tdap is required for students in grades seven through twelve.</b></p>	
Polio	
<b>IPV</b>	Inactivated Poliovirus Vaccine: <b><u>four doses required for kindergarten through twelfth grade.</u></b>
<b>OPV</b>	Oral Polio Vaccine. Replaced by IPV <b>is no longer offered in the United States. Students with doses of OPV in place of IPV are considered up to date.</b>
<p><b>Four doses of polio are required for kindergarten through twelfth grade.</b> One dose of IPV must be given on or after the fourth birthday, otherwise the child is not up-to-date. If the child received their third dose on or after their fourth birthday, only three doses are needed. If a child has doses of both IPV and OPV, then four doses are required.</p>	
Hepatitis B	
<b>HBV/HepB</b>	Hepatitis B Vaccine <b>Three doses of hepatitis B are required for kindergarten through twelfth grade.</b>
Measles, Mumps, and Rubella	
<b>MMR</b>	Measles, Mumps & Rubella Vaccine: <b>Two doses of MMR are required for kindergarten through twelfth grade.</b>
<b>MMRV</b>	Measles, Mumps, Rubella & <i>Chickenpox (Varicella)</i> Vaccine: Combines MMR and varicella vaccine.

Varicella (chickenpox)	
<b>VAR</b>	Chickenpox (Varicella) Vaccin.: For the 2016 – 2017 school year, <b>two doses are required for kindergarten through eighth grade and one dose is required for ninth through twelfth grade.</b>
<b>MMRV</b>	Measles, Mumps, Rubella & Chickenpox (Varicella) Vaccine
For the 2016-2017 school year, <b>two doses of varicella (chickenpox) vaccine are required for kindergarten through eighth grade. One dose of varicella vaccine is required for ninth through twelfth grade.</b> If a student has a history of chickenpox disease confirmed by laboratory evidence or a provider diagnosis, the student is exempt from varicella vaccine.	
Meningococcal	
<b>MCV4</b>	Meningococcal Conjugate Vaccine (Quadrivalent, Serotypes A, C, Y, W135). <b>One dose of MCV4 vaccine is required for seventh grade.</b>
Vaccine abbreviations for other vaccines ( <i>not required for school entry</i> )	
<b>RV</b>	Rotavirus vaccine – <i>Recommended vaccine and required for childcare in ND</i>
<b>Hib</b>	<i>Haemophilus influenzae</i> type B vaccine – <i>Recommended vaccine and required for childcare in ND</i>
<b>PCV13</b>	Pneumococcal vaccine – <i>Recommended vaccine and required for childcare in ND</i>
<b>HAV/HepA</b>	Hepatitis A Vaccine – <i>Recommended vaccine and required for childcare in ND</i>
<b>HPV9</b>	Human Papillomavirus vaccine, 9-valent (Gardasil 9®) – <i>Recommended for all 11 year olds</i>
<b>HBIG</b>	Hepatitis B Immune Globulin
<b>PPSV23</b>	Pneumococcal vaccine – <i>Not routinely recommended for healthy children or required for childcare</i>
<b>HPV</b>	Human Papillomavirus Vaccine
<b>HPV2</b>	Human Papillomavirus vaccine, bivalent (Cervarix®) – Replaced by HPV9
<b>HPV4</b>	Human Papillomavirus vaccine, quadrivalent (Gardasil®) – Replaced by HPV9
<b>IIV3</b>	Trivalent Inactivated Influenza Vaccine – <i>Flu vaccine is recommended for everyone &gt;6 months old</i>
<b>TIV</b>	Trivalent Inactivated Influenza Vaccine – <i>Flu vaccine is recommended for everyone &gt;6 months old</i>
<b>IIV4</b>	Quadrivalent Inactivated Influenza Vaccine – <i>Flu vaccine is recommended for everyone &gt;6 months old</i>
<b>LAIV4</b>	Quadrivalent Live, Attenuated Influenza Vaccine (Nasal Spray) – <i>Not recommended for 2016/2017 flu season</i>
<b>MPSV4</b>	Meningococcal Polysaccharide Vaccine (Quadrivalent) – <i>Not the meningococcal vaccine that is required for school</i>
<b>MenB</b>	Meningococcal Conjugate Vaccine (serotype B) – <i>Not the meningococcal vaccine that is required for school</i>

## Introduction to NDIIS

### Brief Overview

The North Dakota Immunization Information System (NDIIS) is a confidential, population-based, computerized information system that collects vaccination data about all North Dakotans. Most North Dakota children have an immunization record in the NDIIS. Children vaccinated at U.S. Air Force Bases and out-of-state may not have a complete record in the NDIIS.

Schools have the option of having read-only access to NDIIS. This means that schools can access the immunization records of their students, but they cannot enter information into the system. If your institution would like to gain access to NDIIS, contact a member of the Immunization Program at 701.328.3386 or toll-free at 800.472.2180. For more information about NDIIS, please visit our website at [www.ndhealth.gov/Immunize](http://www.ndhealth.gov/Immunize).

### NDIIS Forecaster

NDIIS contains a tool that allows users to determine whether or not a child is up to date on immunizations. Schools can use this tool to determine if the child meets the school immunization requirements. The vaccine forecaster will generate a list of vaccines the child is due for or will be due for in the future. Be sure to check that the recommended date has passed, as the forecaster recommends doses due in the future, not only vaccine doses that are past due. Also, the forecaster will show all recommended vaccines, not only those required for school entry. Be sure to check the school vaccination requirements.

<b>Vaccination Forecast</b>			
<b>Vaccine Type</b>	<b>Dose Number</b>	<b>Recommended Date</b>	<b>Minimum Valid Date</b>
IPV	2	12/18/2012	12/18/2012
DTaP	2	12/18/2012	12/18/2012
Hep B	2	12/18/2012	12/14/2012
MMR	2	01/11/2013	01/11/2013
Varicella	2	03/14/2013	03/14/2013
Hep A	2	05/20/2013	05/20/2013
Influenza	1	08/01/2013	08/01/2013
Td	1	01/01/2015	01/01/2015
MCV4	1	01/01/2019	01/01/2019
HPV	1	01/01/2019	01/01/2019

## School Immunization Survey Timeline and Due Dates

Date	Event	Useful Materials
May-August	Schools notify parents of the school immunization requirements for the next school year	<a href="#">School Immunization Requirements</a> , <a href="#">template letter D</a> , and <a href="#">template letter E</a>
August	School Year Begins	
First day of School	Students not up to date with school immunization requirements should be given a letter detailing required vaccinations or a letter requesting vaccination records.	<a href="#">Template letter A</a> and <a href="#">Template letter B</a>
30 calendar days after the start of school	Students who have not received required immunizations or are not in the process of receiving them, must be given an exclusion letter and be excluded from school.	<a href="#">Algorithm for Exclusion</a> <a href="#">Template letter C-Notice of Exclusion</a>
First week of October	School Immunization Survey is distributed to all schools in North Dakota. If you do not receive any information about the survey, contact your administrator or the Immunization Program.	<a href="#">School Survey Materials</a>
Mid-November	The School Immunization Survey is due to the North Dakota Department of Health. Survey should have been submitted online.	<a href="#">Instructions for school survey</a>
January	The Centers for Disease Control and Prevention (CDC) will choose a sample of schools who must participate in validating the self-reported school immunization rates. Because the annual School Immunization Survey is self-reported by schools, NDDoH is required to validate the immunization rates by reviewing a sample of records from select schools. NDDoH will be contacting the chosen schools for copies of their kindergarten immunization records.	
April	Results of the school immunization survey will be reported to CDC	
May	Schools will be able to see results of survey on the school survey website.	<a href="http://www.ndhealth.gov/immunize/rates/">www.ndhealth.gov/immunize/rates/</a>



## School Survey Instructions

*A link to the survey will be sent out to schools during the first week of October*

❖ Changes to the 2016-2017 survey:

- **Reporting Homeschooled Students Separately:** Although the NDDoH will be collecting information on homeschooled students, we would like for this information to be separate from overall school rates. The survey will ask if you have any homeschooled students affiliated with your school. If so, you will then select the grades these students are in. When filling out the survey, do not include these students in the overall students' questions. For example, if your school has kindergarteners and homeschooled kindergarteners, the survey will ask how many kindergarteners are enrolled in your school. Do not include homeschooled students. The next question will ask how many homeschooled kindergartners are enrolled in your school. This will continue for all questions in the survey.

1. Select the name of your school from the drop-down box. *Please pay special attention to the city to make sure that the correct school is selected, as many schools in North Dakota have the same name.*
2. Choose whether your school is a public or private facility.
3. Enter your name and contact information. All fields are required and the survey cannot be completed until information is entered in each line.
  - a. All information should be specific to the individual completing the survey.
  - b. The institution authority is usually the principal or superintendent of the school depending on the district.
4. Select the grades that are offered for the selected school. You will only be required to enter information on grades you have selected.
5. Answer whether you have homeschooled students affiliated with your school.
6. Select the grades that have homeschooled student in them at your school.
7. You will now be required to enter immunization data on each grade that was selected on the previous page for all of your students and for each grade you selected for homeschooled students. We would like to keep homeschooled student information separate from the rest of your student information, so please do not include homeschooled students in the tally unless the survey specifically asks for homeschooled students. Each field is required in order for the survey to be completed.
  - a. Enter the number of students enrolled for the selected grade.
  - b. Enter the number of homeschooled students enrolled for the selected grade.
  - c. Enter the number of students who do not have any record of vaccination or exemption.
  - d. Enter the number of homeschooled students who do not have any record of vaccination or exemption, etc.
  - e. Exemption data by vaccine is required for all grades.
    - i. Enter the number of students exempt from each individual vaccine. First, enter the number of students in your school. Then enter the number of homeschooled students in the next students (if this applies). Then, enter the number of students with an exemption to each vaccine for the students in your school, followed by the number of homeschooled students with an exemption to each vaccine in your school. For example, if a child is philosophically/morally exempt from both MMR and DTaP vaccine, they should be counted philosophically exempt in both the section for MMR vaccine and DTaP vaccine.
    - ii. **KINDERGARTEN ONLY:** The number of kindergartners exempt from any vaccine will continue to be collected. To answer the question *"How many total kindergartners have an exemption from any required vaccine for the following reasons?"* Students only need to be counted once regardless of how many vaccines they are exempt from. For example, if a child is medically exempt from MMR and Varicella vaccine, he/she should be counted as *one* overall medical exemption for this question. Once again, please report these separately for the students in your

school and for homeschooled students. Exemptions by vaccine should be reported as well under each individual vaccine. So the child should also be counted in both the MMR and Chickenpox vaccine sections as medically exempt.

- f. DTP/DTaP/DT/Td: Five or more doses are required for grades K-12 (one dose must have been given on or after the fourth birthday). Three doses of a tetanus-containing vaccine are required for children 7 years of age and older if not previously vaccinated.
  - g. IPV or OPV: Four doses are required for grades K-12 (one dose must have been given on or after the fourth birthday. If a third dose was given after the fourth birthday, then a fourth dose is not needed.
  - h. Hepatitis B: Three doses are required for grades K-11. Please submit hepatitis B immunization data for all grades.
  - i. MMR: Two doses are required for grades K-12.
  - j. Varicella (chickenpox): Two doses are required for K-8. One dose is required for grades 9-12. Please do not include children who have a history of disease as “fully immunized.” These children will be included and counted as up-to-date by the NDDoH. Please submit varicella immunization data for all grades.
  - k. TD/Tdap: One dose is required for entry into the seventh grade.
  - l. Meningococcal: One dose is required for entry into the seventh grade.
- 8. Once you have completed all information on the page, click on the pink arrow to be taken to the next page. If any fields were left blank, the survey will not advance (if this occurs, fill in any missing fields.) If all fields are complete, you will be taken to the next grade (based on the grades selected on the first page).
  - 9. Once all grades have been completed, you will be asked some final questions. Answer each question and click the pink arrow to advance to the next page.
  - 10. Once you complete the survey, you will be taken to the final page. This page will have a summary of your answers and a link to download a pdf of your responses. Please download this pdf and save or print it for your records. If you have any problems please contact the NDDoH Immunization Program at 800.472.2180.

## School Survey Example

Questions are displayed based on the grades selected at the start of the survey. Homeschooled student questions will only be present if you state you have homeschooled students, and only for the grades selected.

How many **kindergarten students** are enrolled at your school (**Not including homeschooled students**)?

How many **kindergarten students** do not have any record of vaccination or signed exemption? (**Not including homeschooled students**)?

How many total kindergartners have an exemption from any required vaccine for the following reasons (**Not including homeschooled students**)?

Medical Exemption

Personal Belief  
(philosophical or moral)  
Exemption

Religious Exemption

Please answer the following for Kindergarten students regarding DTaP (Diphtheria, Tetanus and Pertussis) vaccination (**Not including homeschooled students**)

How many kindergartners are **up-to-date** with DTaP vaccine?

How many kindergartners are **medically exempt** from receiving DTaP vaccine?

How many kindergartners are **religiously exempt** from receiving DTaP vaccine?

How many kindergartners are **philosophically or morally exempt** from receiving DTaP vaccine?

How many **homeschooled kindergarten students** are enrolled at your school?

How many **homeschooled kindergarten students** *do not* have any record of vaccination or signed exemption?

How many total **homeschooled** kindergarten students have an exemption from *any* required vaccine for the following reasons?

Medical Exemption

Personal Belief  
(philosophical or moral)  
Exemption

Religious Exemption

Please answer the following for **homeschooled** kindergarten students regarding DTaP (Diphtheria, Tetanus and Pertussis) vaccination:

How many kindergartners are  
**up-to-date** with DTaP  
vaccine?

How many kindergartners are  
**medically exempt** from  
receiving DTaP vaccine?

How many kindergartners are  
**religiously exempt** from  
receiving DTaP vaccine?

How many kindergartners are  
**philosophically or morally**  
**exempt** from receiving DTaP  
vaccine?

## **Frequently asked questions:**

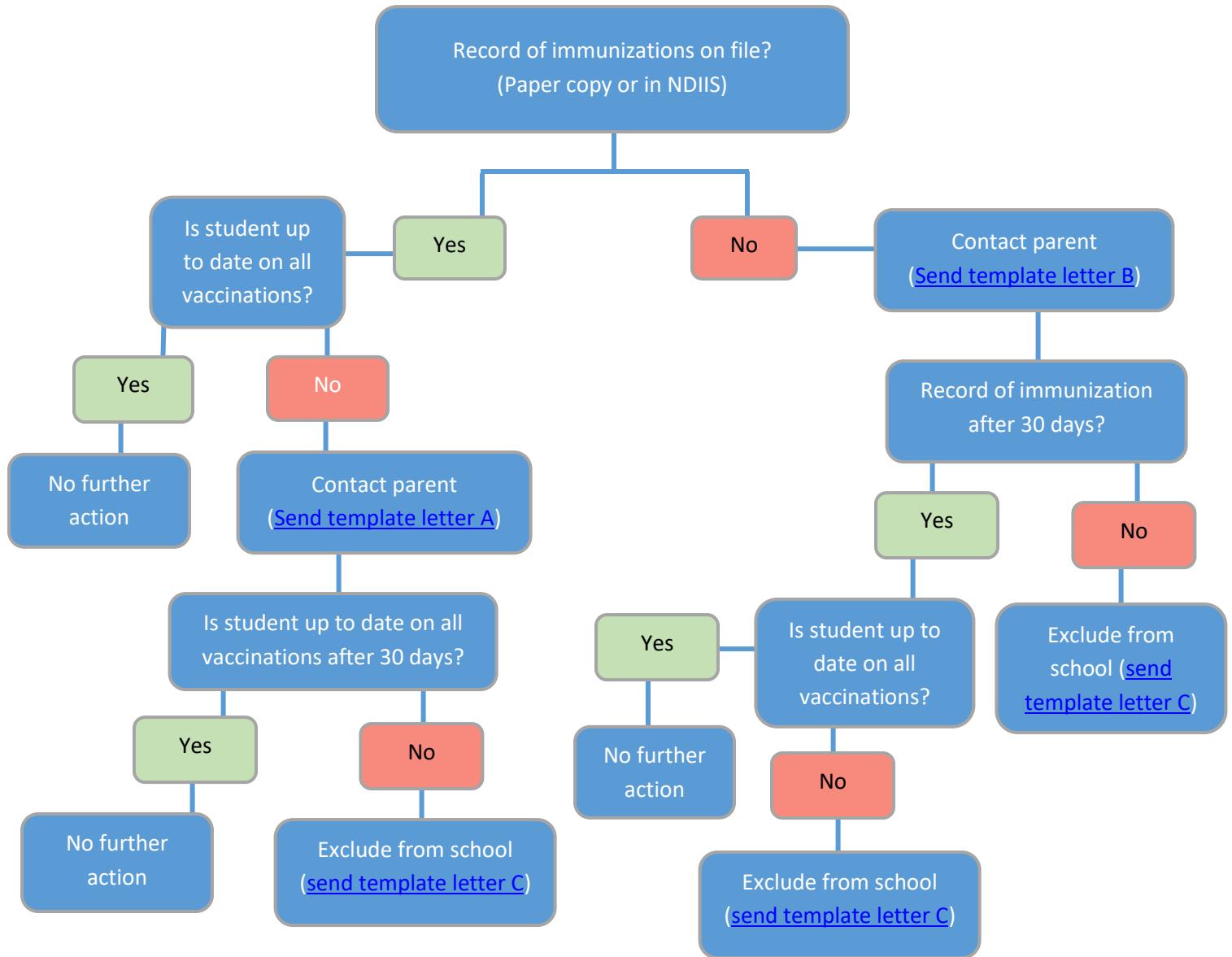
- 1. Are schools required to submit the annual school immunization survey to the Department of Health? If schools do not submit, are there any consequences?**
  - Yes, schools are required to submit the annual school immunization survey to the Department of Health. The NDDoH will report which schools do not submit the immunization survey to the Department of Public Instruction (DPI).
- 2. Are schools required to educate students who are excluded due to non-compliance with vaccine requirements?**
  - No, schools are not required to educate excluded students.
- 3. Will schools receive reduced funding from the Department of Public Instruction due to exclusion of students (i.e. lower attendance)?**
  - Possibly. DPI can impose sanctions on schools that do not comply with immunization laws too. (N.D.A.C 67-22-01-01)
- 4. Should schools encourage parents to fill out exemption forms if their children have not received immunizations, regardless of whether the parents have an actual moral, philosophical, or religious objection?**
  - No. Encouraging a parent to claim an exemption may place the school at risk should the child go on to develop a vaccine-preventable disease.
- 5. If students are excluded due to the vaccination requirements, is this considered truancy and does it need to be reported?**
  - Most likely yes; check with your school board's policy on 'excused' absences.
- 6. Who does the McKinney Vento Homeless Assistance Act apply to? What effect does this act have on the school immunization requirements and how they are enforced?**
  - If a homeless child cannot provide records of immunizations and does not have an exemption, the school must enroll the child and immediately refer the parent to the LEA liaison for help in satisfying the immunization requirements.
- 7. According to the law, when should schools begin enforcing the school immunization requirements by excluding noncompliant students?**
  - Schools should begin enforcing the school immunization requirements by excluding noncompliant students 30 calendar days after the start of school.
- 8. When is a child considered in-process of receiving immunizations?**

A child may continue to attend school if in-process of receiving immunizations if:

  - A licensed physician or DoH representative provides written proof the child has begun receiving immunizations, OR
  - A parent provides written consent for local health department to administer missing immunizations.
- 9. What is the school's liability if a non-compliant student (does not meet the immunization requirements and has not claimed an exemption) who was allowed to attend school developed a vaccine preventable disease?**

- The school district and individual school employees may be liable for harm to students injured if a non-compliant student is allowed to attend school and spreads a vaccine-preventable disease to compliant students as a result of the employees' failure to comply with state immunization laws.
- 10. If a case of measles occurred at our school and the health department recommended that all students who were not up to date be kept out of school, would our school be required to follow the recommendation?**
- Yes.
- 11. Does the above school immunization law apply to public, private, and home schools?**
- Yes, these laws apply to all school types, as well as homeschooled students.
- 12. What is the school's role for students who are homeschooled but reside in the district?**
- The school is responsible for collecting immunization records from homeschooled students. If these students attend any classes or extracurricular activities in your school and are not up-to-date on vaccinations, they should be excluded until they are up to date or their parents have signed an exemption form.
- 13. Should homeschooled students who are not compliant with the immunization requirements be allowed to participate in school-affiliated activities (i.e. sports, band, etc.)?**
- No, homeschooled students who are not compliant with the immunization requirements should not be allowed to participate in school-affiliated activities until they are compliant.
- 14. Are there any penalties for not excluding non-compliant students?**
- In addition to schools and individual employee liability for harm to students if a non-compliant student is allowed to attend school and spreads a vaccine-preventable disease, DPI can impose sanctions on schools that are not in compliance with all laws, and failure to comply with immunization laws in an infraction (\$1,000 penalty per occurrence).
- 15. Who is legally responsible for excluding students?**
- Schools are legally responsible for excluding students who are not compliant with immunization requirements.
- 16. Are schools required to keep copies of immunization records? If so, for how long?**
- This depends on your schools record retention policy.
- 17. For the religious exemption, are parents required to “prove” that their religion is against vaccines?**
- No.
- 18. Can the history of disease exemption only be claimed for varicella (chickenpox) or can it also be claimed for other diseases (i.e., a child has chronic hepatitis B)?**
- A history of disease exemption may only be claimed for varicella vaccine.
- 19. Are there any immunization requirements for staff at schools?**
- There are no required immunizations for school staff in North Dakota, however, schools are high-risk areas for vaccine preventable disease transmission. It is important for staff to protect themselves against the same vaccine preventable diseases that students are protected against.

## School immunization algorithm



Template letter A: Send to students with missing immunizations, along with Certificate of immunization. Circle needed vaccination doses.

To the Parent or Guardian of \_\_\_\_\_:

Section 23-07-17.1 section of North Dakota State Law mandates all students in kindergarten through grade twelve meet a minimum number of required immunizations prior to school entrance.

Our records show that your child is not compliant with the requirements.

In order to meet the requirements, please complete the form attached or submit an official certificate of immunization. If vaccinations are added or if you are claiming a medical exemption, the form must be signed by a medical professional. Failure to comply with requirements within 30 days will result in exclusion of your child from school.

**Your child needs the following circled vaccines:**

<u><b>DTaP</b></u>	<u><b>Polio</b></u>	<u><b>MMR</b></u>	<u><b>Hepatitis B</b></u>	<u><b>Varicella*</b></u>	<u><b>Tdap</b></u>	<u><b>Meningococcal</b></u>
1 <sup>st</sup> dose	1 <sup>st</sup> dose	1 <sup>st</sup> dose	1 <sup>st</sup> dose	1 <sup>st</sup> dose	1 <sup>st</sup> dose	1 <sup>st</sup> dose
2 <sup>nd</sup> dose	2 <sup>nd</sup> dose	2 <sup>nd</sup> dose	2 <sup>nd</sup> dose	2 <sup>nd</sup> dose		
3 <sup>rd</sup> dose	3 <sup>rd</sup> dose		3 <sup>rd</sup> dose			
4 <sup>th</sup> dose	4 <sup>th</sup> dose					
5 <sup>th</sup> dose						

\* If your child has had chickenpox disease, please have a health care provider enter the date of illness on the attached form in the history of disease section and sign.

Please note, not all recommended vaccines are required for school. There may be additional immunizations recommended for your child that are not listed here. Please contact your child's health care provider or local public health unit about other immunizations your child may need.

Thank you so much for your cooperation.

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*School Administrator*

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*Date*



Template Letter B: Send to students with missing record, along with Certificate of immunization.

Dear Parent or Guardian:

Section 23-07-17.1 section of North Dakota State Law mandates all students in kindergarten through grade twelve meet a minimum number of required immunizations prior to school entrance.

Our records show that your child is not compliant with the requirements due to the absence of an immunization record. In order to meet the requirements, please submit an official certificate of immunization showing that your child has received the adequate number of doses for the following vaccines:

<b>Vaccine</b>	<b>Kindergarten through 6<sup>th</sup> grade</b>	<b>7<sup>th</sup> Grade through 12<sup>th</sup> grade</b>
<b>DTaP</b>	5 doses	5 doses
<b>Polio</b>	4 doses	4 doses
<b>MMR</b>	2 doses	2 doses
<b>Hepatitis B</b>	3 doses	3 doses
<b>Varicella (chickenpox)*</b>	2 doses	2 doses (7-8 <sup>th</sup> grade) 1 dose (9-12 <sup>th</sup> grade)
<b>Tdap</b>	0 doses	1 dose
<b>Meningococcal</b>	0 doses	1 dose

\*If your child has had chickenpox disease, please have a health care provider enter the date of illness on the attached form in the history of disease section and sign.

If vaccinations are added or if you are claiming a medical exemption, the form must be signed by a medical professional. Failure to comply with requirements within 30 days of the start of school will result in exclusion of your child from school.

Please note, not all recommended vaccines are required for school. There may be additional immunizations recommended for your child that are not listed here because they are not mandated by state law. Please contact your child's health care provider about other immunizations your child may need.

Thank you so much for your cooperation.

---

*School Administrator*

---

*Date*

Template letter C: Exclusion letter. Send, along with Certificate of immunization, to students with missing vaccinations or no records after 30 days from the start of the school year informing parents of exclusion.

## NOTICE OF EXCLUSION

Dear Parent or Guardian:

Your child has failed to meet the school immunization requirements as mandated by state law. As a result, your child will be excluded from school starting on Specify Date.

To re-enter school, you must provide proof of your child's required immunizations by completing the attached form and providing the signature of a medical professional. If you are claiming history of disease of chickenpox, date of illness must be indicated in the history of disease portion of the attached form along with a health care provider's signature.

Vaccine requirements for school entry are shown here:

<b>Vaccine</b>	<b>Kindergarten through 6<sup>th</sup> grade</b>	<b>7<sup>th</sup> Grade through 12<sup>th</sup> grade</b>
<b>DTaP</b>	5 doses	5 doses
<b>Polio (IPV/OPV)</b>	4 doses	4 doses
<b>MMR</b>	2 doses	2 doses
<b>Hepatitis B</b>	3 doses	3 doses
<b>Varicella (chickenpox)</b>	2 doses	2 doses (7-8 <sup>th</sup> grade) 1 dose (9-12 <sup>th</sup> grade)
<b>Tdap</b>	0 doses	1 dose
<b>Meningococcal (MCV4)</b>	0 doses	1 dose

Your cooperation is much appreciated.

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*School Administrator*

---

*Date*

Template letter D: send to all sixth grade parents in the spring to remind them of seventh grade entry immunizations.

Dear Parent or Guardian:

State law in North Dakota requires students in kindergarten through twelfth grade to be up to date on certain vaccinations. In addition to the vaccinations that were required for your child in kindergarten, your child will also need vaccinations before she/he is able to start seventh grade.

Your child will need one dose of meningococcal vaccine (MCV4) and one dose of Tdap, which protects against diphtheria, tetanus, and pertussis, in order to start seventh grade. These vaccines were recommended when your child turned eleven.

Pertussis and meningococcal disease are both very serious illnesses that can be prevented by vaccination. Pertussis is still very common in North Dakota and the United States. Although most children have been vaccinated with DTaP before entering kindergarten; immunity lessens after a few years, and Tdap vaccination provides renewed protection against the disease. Meningococcal disease, although significantly less common than pertussis, has a high fatality rate. Incidence is higher among adolescents and teenagers, necessitating the vaccination requirement.

Although these vaccines are not required until fall, the start of the school year is a busy and hectic time for everyone. We encourage you to get your student up to date on vaccinations now!

Your cooperation is much appreciated.

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*School Administrator*

---

*Date*

Template letter E: Reminder for kindergarten and seventh grade immunizations. Send with school information in the spring/summer for parents of students starting kindergarten in the fall or to pre-school parents in the spring.

Dear Parent or Guardian:

Section 23-07-17.1 section of North Dakota State Law mandates that all students in kindergarten through grade twelve meet a minimum number of required immunizations prior to school entrance. Failure to comply with requirements within 30 days from the start of the school year will result in exclusion of your child from school.

Please be sure that your child has received the required number of doses of the following vaccines, and that the school has a record of these vaccinations.

<b>Vaccine</b>	<b>Kindergarten through 6<sup>th</sup> grade</b>	<b>7<sup>th</sup> Grade through 12<sup>th</sup> grade</b>
<b>DTaP</b>	5 doses	5 doses
<b>Polio (IPV/OPV)</b>	4 doses	4 doses
<b>MMR</b>	2 doses	2 doses
<b>Hepatitis B</b>	3 doses	3 doses
<b>Varicella (chickenpox)</b>	2 doses	2 doses (7-8 <sup>th</sup> grade) 1 dose (9-12 <sup>th</sup> grade)
<b>Tdap</b>	0 doses	1 dose
<b>Meningococcal (MCV4)</b>	0 doses	1 dose

Please note, not all recommended vaccines are required for school. There may be additional immunizations recommended for your child that are not listed here because they are not mandated by state law. Please contact your child's health care provider about other immunizations your child may need.

Thank you so much for your cooperation,

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*School Administrator*

---

*Date*

Template letter F: Combines template letters A and B. Send to non-compliant students, along with Certificate of immunization.

To the Parent or Guardian of \_\_\_\_\_ in Grade\_\_\_\_:

Section 23-07-17.1 of North Dakota State Law mandates that all students in kindergarten through grade twelve meet a minimum number of required immunizations prior to school entrance.

Our records show that your child is not compliant with the requirements. Non-compliance may be due to absence of an immunization record or because your child is in need of an immunization. The reason for your child's non-compliance is noted below.

In order to meet the requirements, please complete the form attached or submit an official certificate of immunization to the school. If vaccinations are added or if you are claiming a medical exemption, the form must be signed by a medical professional. Failure to comply with requirements will result in exclusion of your child from school.

**Reason for noncompliance:**

- ☐ The school does not have a copy of your child's immunization record.
- ☐ Your child needs the following circled vaccines:

<u>DTaP</u>	<u>Polio</u>	<u>MMR</u>	<u>Hepatitis B</u>	<u>Varicella*</u>	<u>Tdap</u>	<u>Meningococcal</u>
1 <sup>st</sup> dose	1 <sup>st</sup> dose	1 <sup>st</sup> dose	1 <sup>st</sup> dose	1 <sup>st</sup> dose	1 <sup>st</sup> dose	1 <sup>st</sup> dose
2 <sup>nd</sup> dose	2 <sup>nd</sup> dose	2 <sup>nd</sup> dose	2 <sup>nd</sup> dose	2 <sup>nd</sup> dose		
3 <sup>rd</sup> dose	3 <sup>rd</sup> dose		3 <sup>rd</sup> dose			
4 <sup>th</sup> dose	4 <sup>th</sup> dose					
5 <sup>th</sup> dose						

\* If your child has had chickenpox disease, please have a health care provider enter the date of illness on the attached form in the history of disease section and sign.

Please note, not all recommended vaccines are required for school. There may be additional immunizations recommended for your child that are not listed here because they are not mandated by state law. Please contact your child's health care provider about other immunizations your child may need.

Thank you so much for your cooperation.

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*School Administrator*

---

*Date*



**CERTIFICATE OF IMMUNIZATION**  
NORTH DAKOTA DEPARTMENT OF HEALTH  
SFN 16038 (Revised 05-2012)

Division of Disease Control  
2635 East Main Ave. PO Box 5520  
Bismarck, ND 58506-5520  
800.472.2180 or 701.328.3386

**North Dakota law requires this form be completed\* and provided to the childcare facility or school.**

Child's Name (Last, First, Middle Initial):			Date of Birth:			
Parent's Name:			Telephone Number:			
Vaccine Type	Exemption Check type below*	Enter Month/Day/Year for Each Immunization Given				
Hepatitis B	Hepatitis B	<input type="checkbox"/>				
Rotavirus	Rotavirus	<input type="checkbox"/>				
Hib	Haemophilus influenzae type B	<input type="checkbox"/>				
PCV	Pneumococcal conjugate	<input type="checkbox"/>				
DTP/DTaP/DT	Diphtheria-Tetanus- Pertussis	<input type="checkbox"/>				
OPV/IPV	Polio	<input type="checkbox"/>				
MMR	Measles-Mumps- Rubella	<input type="checkbox"/>				
Varicella	Chickenpox	<input type="checkbox"/>			History of Disease Date:	
Hepatitis A	Hepatitis A	<input type="checkbox"/>				
Td/Tdap	Tetanus-Diphtheria (and Pertussis)	<input type="checkbox"/>				
MCV4	Meningococcal	<input type="checkbox"/>				
HPV	Human Papillomavirus	<input type="checkbox"/>				
Other		<input type="checkbox"/>				

*To the best of my knowledge, this person has received the above-indicated immunizations on the above dates.*

Physician, Nurse, Local/State Health	Title	Date
If additional doses are added after initial signature, please initial dose and sign below.		
Update signature #1:		
Physician, Nurse, Local/State Health:	Title:	Date:
Update signature #2:		
Physician, Nurse, Local/State Health:	Title:	Date:
My child has not met the minimum requirements for his/her age. I agree to resume immunizations within 30 days from the date I was notified (today's date noted below) that my child's immunizations are incomplete and to submit a signed Certificate of Immunization.		
Parent/Guardian Signature:		Date:
<p align="center"><b>Statement of Exemption to Immunization Law</b></p> <p align="center">In the event of an outbreak, exempted persons may be subject to exclusion from school or childcare facility.</p>		
<b>Medical Exemption:</b> The physical condition of the above-named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.		
Physician Signature:		Date:
<b>*Exemption:</b> (Indicate vaccine above)		
(Please check one) <input type="checkbox"/> Religious <input type="checkbox"/> Philosophical <input type="checkbox"/> Moral <input type="checkbox"/> History of Disease		
Parent/Guardian Signature		Date

## North Dakota Local Public Health Units/HIS Clinics

Department Name	Address	P.O. Box	City	Zip Code	Phone Number
McIntosh District Health Unit	511 3rd Ave. NW		Ashley	58413	701.288.3957
Southwestern District Health Unit- Billings/Golden Valley Counties	First Street SE	P.O. Box 185	Beach	58621	701.872.4533
Turtle Mountain Chippewa Quentin Burdick Health Care Facility		P.O. Box 160	Belcourt	58316	701.477.8469
Bismarck-Burleigh Public Health	500 East Front Avenue	P.O. Box 5503	Bismarck	58506-5503	701.355.1540
First District Health Unit- Bottineau County	314 5th Street W. Ste. 7		Bottineau	58318	701.228.3101
First District Health Unit- Burke County	103 Main Street SE	PO BOX 326	Bowbells	58721	701.377.2316
Southwestern District Health Unit- Bowman/Slope Counties	104 First St. NW, Suite 6		Bowman	58623	701.523.3144
Towner County Public Health District	404 5th Ave., Suite #3	PO Box 705	Cando	58324-0705	701.968.4353
Foster County Public Health	881 Main Street		Carrington	58421	701.352.3087
Custer Health- Grant County	106 2nd Avenue NE	P.O. Box 164	Carson	58529	701.622.3591
Pembina County Health Department	301 Dakota Street W., #2		Cavalier	58220-4100	701.265.4248
Custer Health- Oliver County	111 East Main	P.O. Box 375	Center	58530	701.794.3105
Upper Missouri District Health Unit- Divide County	300 Main Street N.	P.O. Box 69	Crosby	58730	701.965.6813
Lake Region District Health Unit- Ramsey County	524 4th Avenue NE, Unit 9		Devils Lake	58301	701.662.7035
Southwestern District Health Unit- Stark County	2869 3rd Avenue West		Dickinson	58601	701.483.0171
Dickey County Health District	205 15th St. North	P.O. Box 238	Ellendale	58436	701.349.3277
Fargo Cass Public Health	401 3rd Avenue North		Fargo	58102-4839	701.241.1383
Wells County District Health Unit	600 N. Railway Street,	P.O. Box 6	Fessenden	58438	701.547.3756
Steele County Public Health Department	201 Washington Avenue w.	P.O. Box 317	Finley, ND	58230	701.524.2060
Sargent County District Health Unit	316 Main St.	P.O. Box 237	Forman	58032-0237	701.724.3725
Spirit Lake Tribal Health Program	P.O. Box 480	816 3rd Ave N	Fort Totten	58335	701.766.1706
Standing Rock	P.O.Box D		Fort Yates	58538	701.854.3831
First District Health Unit- McLean County	141 N. Main	P.O. Box 972	Garrison	58540	701.463.2641
Walsh County Health District	638 Cooper Avenue, Suite 3		Grafton	58237	701.352.5139
Grand Forks Public Health Department	151 S. 4th Street, Ste. N301		Grand Forks	58201-4735	701.787.8100
Southwestern District Health Unit- Adams County	609 2nd Avenue	P.O. Box 227	Hettinger	58639	701.567.2720
Traill District Health Unit	114 W. Caledonia,	P.O. Box 58	Hillsboro	58045	701.636.4434

Central Valley Health District- Stutsman County	122 2nd Street NW	P.O. Box 880	Jamestown	58401/58402	701.252.8130
First District Health Unit- Ward County	11 W. Division,Suite 102	P.O. Box 836	Kenmare	58746	701.385.4328
Southwestern District Health Unit- Dunn County	125 Central Avenue North	P.O. Box 111	Killdeer	58640	701.764.5513
LaMoure County Public Health Department	100 1st Ave. SW Omega City Plaza	P.O. Box 692	LaMoure	58458	701.883.5356
Cavalier County Health District	901 3rd Street Suite 11		Langdon	58249	701.256.2402
Emmons County Public Health	118 E Spruce Ave	P.O. Box 636	Linton	58552-0636	701.254.4057
Ransom County Public Health Department	404 Forest Street	P.O. Box 89	Lisbon	58054	701.683.6140
Lake Region District Health Unit- Benson County	809 Railway Avenue	PO Box 416	Maddock	58348	701.438.2340
Custer Health- Morton County	403 Burlington Street, SE		Mandan	58554	701.667.3370
Custer Health- Sioux County	210 2nd Avenue NW		Mandan	58554	888.667.3370
First District Health Unit- Sheridan County	215 E. 2nd Avenue	P.O. Box 405	McClusky	58463	701.363.2506
Nelson/Griggs District Health Unit	116 Main Street	P.O. Box 365	McVile	58254	701.322.5624
First District Health Unit- Ward County	801 11th Avenue SW	P.O. Box 1268	Minot	58702-1268	701.852.1376
First District Health Unit- Renville County	205 Main St. E.	P.O. Box 68	Mohall	58761	701.756.6383
Southwestern District Health Unit- Hettinger County	309 Millionaire Avenue		Mott	58646	701.824.3215
Central Valley Health District- Logan County	301 Broadway		Napoleon	58561	701-252-8181
Lake Region District Health Unit- Eddy County	24 8th Street North		New Rockford	58356	701.947.5311
Three Affiliated Tribes	404 Frontage Road		New Town	58763	701.627.4742
Three Affiliated Tribes- Elbowoods	1058 College Drive		New Town	58763	701.627.4750
Rolette County Public Health District	211 1st Ave NE	PO Box 726	Rolla	58367-0726	701.477.5646
Lake Region District Health Unit- Pierce County	240 SE 2nd Street		Rugby	58368	701.776.6783
Upper Missouri District Health Unit- Mountrail County	Memorial Building	P.O. Box 925	Stanley	58784	701.628.2951
Custer Health- Mercer County	1021 Arthur Street	P.O. Box 39	Stanton	58571	701.745.3599
Kidder County District Health Unit	422 2nd Avenue NW		Steele	58482	701.475.2582
First District Health Unit- McHenry County	112 Main Street South	PO Box 517	Towner	58788	701.537.5732
Trenton Community Clinic	331 4th Ave E	P.O. Box 210	Trenton	58853	701.774.0461
City-County Health District	415 2nd Avenue NE		Valley City	58072	701.845.8518
Richland County Health Department	413 3rd Avenue North		Wahpeton	58075	701.642.7735
First District Health Unit- McLean County	703 2nd Ave.,	P.O. Box 6	Washburn	58577-0006	701.462.3375
Upper Missouri District Health Unit- McKenzie County	109 W. 5th Street	P.O. Box 1066	Watford City	58854	701.444.3449
Upper Missouri District Health Unit	110 West Broadway, Suite 101		Williston	58801	701.774.6400





## BACK TO SCHOOL

### Immunization Checklist

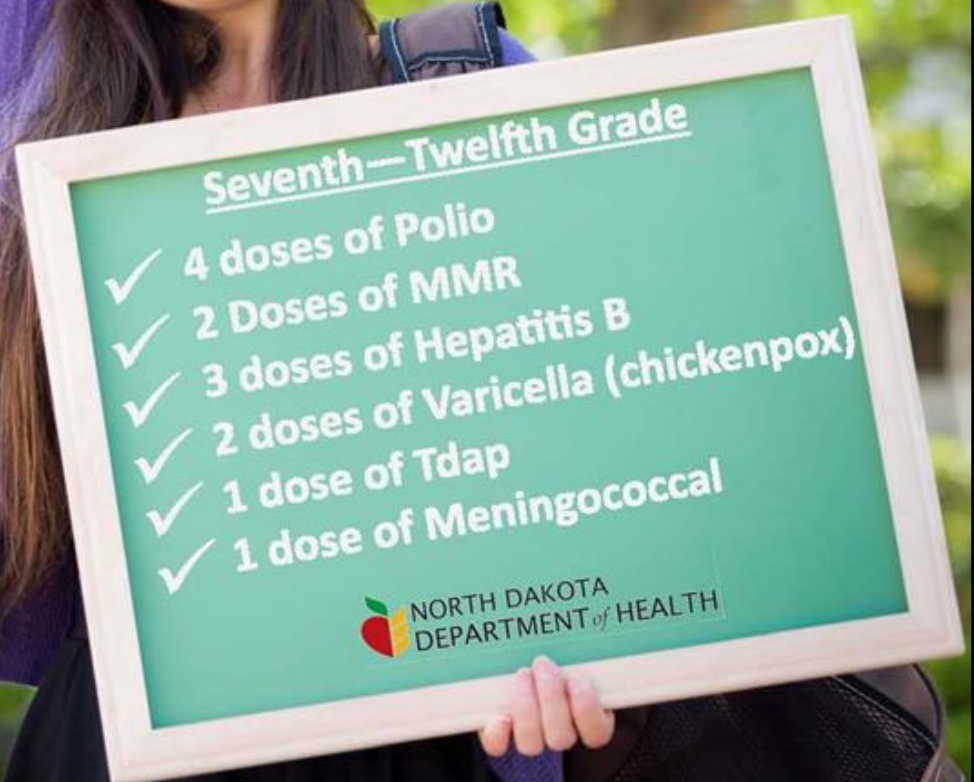
#### Kindergarten— Sixth Grade

- ☒ 5 doses of DTaP
- ☒ 4 doses of Polio
- ☒ 2 Doses of MMR
- ☒ 3 doses of Hepatitis B
- ☒ 2 doses of Varicella (chickenpox) -  
Child is exempt if he/she had chickenpox previously

*Immunizations are available at your health care provider's office or local public health unit.*

# BACK TO SCHOOL

## Immunization Checklist



*Immunizations are available at your health care provider's office or local public health unit.*

## CHAPTER 23-07

### REPORTABLE DISEASES

#### **23-07-17.1. Inoculation required before admission to school.**

1. A child may not be admitted to any public, private, or parochial school, or day care center, child care facility, head start program, or nursery school operating in this state or be supervised through home-based instruction unless the child's parent or guardian presents to the institution authorities a certification from a licensed physician or authorized representative of the state department of health that the child has received age-appropriate immunization against diphtheria, pertussis, tetanus, measles, rubella (German measles), mumps, hepatitis B, haemophilus influenza type b (Hib), varicella (chickenpox), poliomyelitis, pneumococcal disease, meningococcal disease, rotovirus, and hepatitis A. In the case of a child receiving home-based instruction, the child's parent or legal guardian shall file the certification with the public school district in which the child resides.
2. A child may enter an institution upon submitting written proof from a licensed physician or authorized representative of the state department of health stating that the child has started receiving the required immunization or has a written consent by the child's parent or guardian for a local health service or department to administer the needed immunization without charge or has complied with the requirements for certificate of exemption as provided for in subsection 3.
3. Any minor child, through the child's parent or guardian, may submit to the institution authorities either a certificate from a licensed physician stating that the physical condition of the child is such that immunization would endanger the life or health of the child or a certificate signed by the child's parent or guardian whose religious, philosophical, or moral beliefs are opposed to such immunization. The minor child is then exempt from the provisions of this section.
4. The enforcement of subsections 1, 2, and 3 is the responsibility of the designated institution authority.
5. The immunizations required, and the procedure for their administration, as prescribed by the state department of health, must conform to recognized standard medical practices in the state. The state department of health shall administer the provisions of this section and shall promulgate rules and regulations in the manner prescribed by chapter 28-32 for the purpose of administering this section.
6. When, in the opinion of the health officer, danger of an epidemic exists from any of the communicable diseases for which immunization is required under this section, the exemptions from immunization against such disease may not be recognized and children not immunized must be excluded from an institution listed in subsection 1 until, in the opinion of the health officer, the danger of the epidemic is over. The designated institution authority shall notify those parents or guardians taking legal exception to the immunization requirements that their children are excluded from school during an epidemic as determined by the state department of health.
7. When, in the opinion of the health officer, extenuating circumstances make it difficult or impossible to comply with immunization requirements, the health officer may authorize children who are not immunized to be admitted to an institution listed in subsection 1 until the health officer determines that



the extenuating circumstances no longer exist. Extenuating circumstances include a shortage of vaccine and other temporary circumstances.

## CHAPTER 33-06-05

### SCHOOL IMMUNIZATION REQUIREMENTS

Section

33-06-05-01 Requirements

#### **33-06-05-01. Requirements.**

**1. Definitions.** As used in this section:

- a. "Advisory committee on immunization practices" refers to a panel of experts in fields associated with immunization who have been selected by the secretary of the United States department of health and human services to provide advice and guidance to the secretary, the assistant secretary for health, and the centers for disease control and prevention on the most effective means to prevent vaccine-preventable diseases
- b. "Age-appropriate immunizations" refers to the vaccines a child should receive based on age and previous immunization history as recommended by the advisory committee on immunization practices of the United States department of health and human services and outlined by the North Dakota immunization schedule.
- c. "Beliefs" as used in subsection 3 of North Dakota Century Code section 23-07-17.1 means sincerely held religious, philosophical, or moral beliefs which are not a pretense for avoiding legal requirements.
- d. "Institution" includes all early childhood facilities, head start programs, preschool educational facilities, public and private kindergartens, and elementary, middle, and high schools operating in North Dakota.
- e. "Institutional authority" means anyone designated by the governing body of an institution.
- f. "Medical exemption" means an exemption from an immunization requirement based on a form signed by a licensed physician stating that the physical condition of the child seeking the exemption is such that the vaccine administered would endanger the life or health of the child.

**2. Minimum requirements.**

- a. Minimum requirements for children attending early childhood facilities, head start programs, and preschool educational facilities shall be age-appropriate immunizations against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, haemophilus influenzae type B disease, varicella (chickenpox), pneumococcal disease, rotavirus, and hepatitis A.

- b. Minimum requirements for children attending kindergarten through grade twelve shall be age-appropriate immunizations against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, varicella (chickenpox), and meningococcal disease.

### 3. **Effective dates.**

- a. Effective with the 1992-93 school year, a second dose of measles, mumps, and rubella vaccine is required for school entry into kindergarten or first grade if the student's school does not have a kindergarten. Each subsequent year, the next higher grade will be included in the requirement so those students transferring into North Dakota schools are added to the measles, mumps, and rubella immunization cohort.
- b. Effective with the 2000-01 school year, a student must complete the hepatitis B vaccine series prior to entry into kindergarten or first grade if the student's school does not have a kindergarten. Each subsequent year, the next higher grade will be included in the hepatitis B immunization requirement so those students transferring into North Dakota schools are added to the hepatitis B immunization cohort.
- c. Effective January 1, 2004, in order to attend an early childhood facility, head start program, or preschool educational facility, each child must be adequately immunized against varicella (chickenpox) disease according to the advisory committee on immunization practices.
- d. Effective with the 2004-05 school year, a student must receive the varicella (chickenpox) vaccine before being admitted into any kindergarten or first grade if the student's school does not have a kindergarten. Each subsequent year, the next higher grade will be included in the varicella immunization requirement so those students transferring into North Dakota schools are added to the varicella immunization cohort.
- e. Effective January 1, 2008, in order to attend an early childhood facility, head start program, or preschool educational facility, each child must be adequately immunized according to the advisory committee on immunization practices against pneumococcal disease, rotavirus, and hepatitis A.
- f. Effective with the 2008-09 school year, a student must receive a second dose of varicella (chickenpox) vaccine before being admitted into kindergarten or first grade if the student's school does not have a kindergarten. Each subsequent school year, the next higher grade will be included in the second dose varicella (chickenpox) immunization requirement so those students transferring into North Dakota schools are added to the second dose varicella (chickenpox) immunization cohort.

- g. Effective with the 2014-15 school year, a student must receive meningococcal and tetanus, diphtheria, and pertussis (tdap) vaccine before being admitted into any seventh grade.
- 4. **Exemptions.** A child with a medical or a beliefs exemption is exempt from any one or all of the immunization requirements. A physician must sign an exemption form indicating the vaccines that are included in the medical exemption. A parent or guardian must sign an exemption form stating that the child has a beliefs exemption and indicate which vaccines are exempt because of beliefs. A child with a reliable history of chickenpox disease is exempt from varicella (chickenpox) immunization requirements. A physician or parent or guardian must sign an exemption form stating that the child has had chickenpox disease. Exemption forms must be kept on file with the immunization records at the child's school, early childhood facility, head start program, or preschool educational facility.
- 5. **Recordkeeping and reporting.** Records and reports requested by the state department of health shall be completed and submitted to the state department of health.
  - a. Certificates of immunization, a North Dakota immunization information system (NDIIS) record, or other official proof of immunization must be presented to the designated institutional authority before any child is admitted to an institution.
  - b. Upon request by the institutional authority and approval by the department, the department shall provide access to the NDIIS by institutional authority. The department of health shall disclose immunization records maintained by the NDIIS to an institutional authority to fulfill the required proof of immunization.
  - c. The parent or guardian of a child claiming a medical or beliefs exemption shall present an appropriately signed statement of exemption to the designated institutional authority. Proof of immunization or the statement of exemption must be maintained by the child's school or early childhood facility.
  - d. The school or early childhood facility immunization summary report must be submitted to the state department of health by November first of each year or such other annual date as the department may designate.
- 6. **Appointment of an institutional authority.**
  - a. An institutional authority shall be appointed for each institution by its governing board or authorized personnel. The authority must be an employee of such institution.
  - b. The name of the designated institutional authority, the institution, address, and telephone number shall be submitted to the appropriate governing state department by July first of each year.
- 7. **Provisional admission - Exclusion.** Any child admitted to school or early childhood facility under the provision that such child is in the process of receiving the required

immunizations shall be required to receive the immunizations according to the recommended schedule set forth by the state department of health. Any child not adhering to the recommended schedule shall provide proof of immunization or a certificate of immunization within thirty days of enrollment or be excluded from school or early childhood facility.

**History:** Amended effective November 1, 1979; September 1, 1991; January 1, 1998; February 1, 2000; January 1, 2004; January 1, 2008; January 1, 2014.

**General Authority:** NDCC 23-01-03

**Law Implemented:** NDCC 23-07-17.1